

Upcoming Events:

Fall Protection in Construction Classes throughout the Quarter in Phoenix and Tucson, and via Webinar. Held on first and third Thursdays and webinars available on third Wednesday.

Safety Summit in April - watch the ADVOCATE and website for details!



HAPPY NEW YEAR 2015!

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Going Viral: Emerging Infectious Diseases

“Out with the flu”...a common phrase we exchange during “flu season” and a statement with undercurrents that may require a closer look. The alphabet soup of emerging viruses can have your head spinning! H5N1, H7N9, MERS, H3N2, H1N1, and Enterovirus D68, are among the many being monitored by CDC and WHO.

As we struggle with viruses each year, do we really understand the potential impact of each virus strain? In 2009 we saw the emergence of a “Novel” virus in Influenza A H1N1 and the world was on alert for a pandemic. For most that contracted the H1N1 virus it was an aggressive, albeit uncomplicated seasonal-like flu with both respiratory and non-respiratory symptoms. For some patients neurologic and/or neuromuscular complications were experienced such as febrile seizures, encephalopathy / encephalitis with or without seizures, delirium, focal neurologic syndromes, Guillain-Barré syndrome, myositis, and myocarditis.

The CDC has issued a summary of the findings of an investigation into the occurrence of Acute

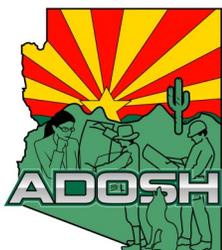
Flaccid Myelitis, a condition experienced by 93 children in 33 states that manifests with weakness in arms and legs; an inflammation in the gray matter—nerve cells—in the spinal cord; suspected to be caused by one of the circulating viruses with Enterovirus D68 being a prime suspect as some affected children first experienced flu symptoms and tested positive for the virus.

There are more than 100 types of enteroviruses; symptoms most often are those of the typical bad cold or flu, and sometimes include rashes or fever. Enteroviruses also can cause neurologic illnesses, such as aseptic meningitis (swelling of the tissue covering the brain and spinal cord) and encephalitis (swelling of the brain). It likely spreads in respiratory secretions through coughs, sneezes and contaminated surfaces. According to public-health officials, most people infected with enteroviruses, including D68, have no symptoms or mild symptoms but the D68 variant is new and unusual, and children and teens appear to be more susceptible to it than adults. *Curr Neurol Neurosci Rep (2010) 10:476–483 DOI 10.1007/s11910-010-0135-1*

A renewed respect for the “flu” is emerging as the list of complications are revealed. There are three types of influenza viruses: A, B and C. Human influenza A and B viruses cause seasonal epidemics, generally between October and May, of disease in the United States. Even though humans can be infected with Influenza B and C strains, Influenza A is the only virus that has to this date caused pandemics.

According to the CDC, wild aquatic birds are the natural hosts for all known influenza type A viruses - particularly certain wild ducks, geese, swans, gulls, shorebirds and terns. Influenza type A viruses can infect people, birds, pigs, horses, dogs, marine mammals, and other animals. All known subtypes of influenza A viruses can infect birds, except subtype H17N10 which has only been found in bats.

Only two influenza A virus subtypes (i.e., H1N1, and H3N2) are currently in general circulation among people. Avian influenza A viruses are classified into two categories (low pathogenic—LPAI) and highly pathogenic—(continued on page 10)



Protection of life, health, safety and welfare of Arizona's most valuable assets.



Asbestos Awareness Training and What You Need to Know

By Greg Beck, ADOSH IH Consultant

Employee training is most likely the most overlooked element by employers trying to establish a safety culture in the workplace of just trying to provide employees with a safe and healthy work environment. For employees working near areas with asbestos containing building materials or who perform job duties relating to clean up during or after asbestos work has been performed it is no different; OSHA requires these employees be provided Asbestos Awareness training.

Asbestos Awareness Training falls into 2 categories – General Industry and Construction. Each of these will be discussed in turn.

The OSHA Standards for both Construction and General Industry require that the employer provide to employees information and training regarding asbestos within their buildings or areas of operation, whether they are a fixed facility, like a commercial building, or a construction project, such as a building renovation in progress. Since the OSHA Standard ultimately requires the Building Owner to determine the quantity and location of ACM (Asbestos-containing material) or PACM (Presumed asbestos containing material) and maintain records as to such, the Building Owner is often the best (and many times the only) source of information regarding the presence of previously installed asbestos containing building materials and the quantity, usually a percentage, of asbestos in those materials. These criteria are almost always determined by the Building Owner contracting with another entity to conduct an asbestos survey on the building or facility; if the Building Owner does not have an asbestos survey performed, the Building Operator (for General Industry) or Contractor (for Construction) must before employees perform any work at the facility.

Asbestos Awareness in Construction:

The term Asbestos Awareness Training is most often associated with the OSHA minimal training requirement under the 1926 Construction Standards for employees performing asbestos removal activities for an

asbestos abatement contractor or subcontractor. While this is true, per OSHA's definition any employees performing "maintenance or custodial activities during which employees contact but do not disturb ACM or PACM



and activities to clean up dust, waste and debris resulting from Class I, II or III operations" shall be provided Asbestos Awareness Training prior to performing Class IV asbestos clean up activities.

The OSHA standard states that Asbestos Awareness Training be a minimum a 2-hour course which includes the following elements as a minimum:

- ◆ Include available information, (such as from an asbestos survey performed on the building) concerning the locations of TSI (thermal systems insulation) and surfacing ACM or PACM
- ◆ Include available information on the location of asbestos-containing flooring material, or flooring material where the absence of asbestos has not been certified
- ◆ Instruction in the recognition by employees of asbestos-containing or presumed asbestos-containing building materials that are damaged, deteriorating or delaminating.

The duty to provide employees with asbestos awareness training in Construction generally falls onto the employer for whom the exposed employee is working and/or the Building Owner who is having the work performed. Often times, the Building Owner provides site-specific information regarding the location and quantity of ACM and PACM to the employer performing the work, and that employer in turn provides the information to their employees. Generally, most of the employees working for an asbestos abatement contractor will have received a far greater amount of training, and employees with only Asbestos Awareness training should not be directly involved with the asbestos abatement activities.

Asbestos Awareness in General Industry:

The duty to provide employees with asbestos

awareness training in a General Industry setting is almost exclusively the responsibility of one of two entities – the Building Owner or the Building Operator. Employees with a minimal exposure to asbestos, such as employees performing maintenance or housekeeping activities or working in buildings or areas of buildings containing ACM or PACM building materials, that they may come in contact with "shall be provided with Asbestos Awareness training at least annually, in a manner and/or language that the employee is able comprehend." This training shall, at a minimum, include the following elements:

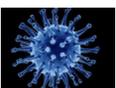
- ◆ The health effects of asbestos and relationship of asbestos exposure to lung cancer;
- ◆ Locations of ACM and PACM in the building or facility recognition of deterioration and damage to ACM and PACM building materials;
- ◆ Requirements of the 1910.1001 standard relating to housekeeping, and;
- ◆ Proper response to fiber release episodes.

This training can also include additional information such as proper asbestos warning signage, labeling and markings, and pictographs that employees can easily understand. Asbestos Awareness training may also incorporate site specific information such as company implemented work practices and personal protective equipment (such as the type of respiratory protection) that the employees may be required to use or incorporate into their work routine. There is no minimum time requirement for Asbestos Awareness Training under the General Industry Standard.

Asbestos Facts (Source: www.CDC.gov)

When asbestos fibers are inhaled, most fibers are expelled, but some can become lodged in the lungs and remain there throughout life. Fibers can accumulate and cause scarring and inflammation. Enough scarring and inflammation can affect breathing, leading to disease.

- The term "naturally occurring asbestos" refers to the mineral as a natural component of soils or rocks as opposed to asbestos in





commercial products, mining or processing operations. Naturally occurring asbestos can be released from rocks or soils by routine human activities, such as construction, or natural weathering processes. If naturally occurring asbestos is not disturbed and fibers are not released into the air, then it is not a health risk.

- People are more likely to experience asbestos-related disorders when they are exposed to high concentrations of asbestos, are exposed for longer periods of time, and/or are exposed more often.
- Inhaling longer, more durable asbestos fibers (such as tremolite and other amphiboles) contributes to the severity of asbestos-related disorders.
- Exposure to asbestos can increase the likelihood of lung cancer, mesothelioma, and non-malignant lung conditions such as asbestosis (restricted use of the lungs due to retained asbestos fibers) and changes in the pleura (lining of the chest cavity, outside the lung).
- Changes in pleura such as thickening, plaques, calcification, and fluid around the lungs (pleural effusion) may be early signs of asbestos exposure. These changes can affect breathing more than previously thought. Pleural effusion can be an early warning sign for mesothelioma (cancer of the lining of the lungs).
- Most cases of asbestosis or lung cancer in workers occurred 15 years or more after the person was first exposed to asbestos.
- Most cases of mesothelioma are diagnosed 30 years or more after the first exposure to asbestos.
- Asbestos-related disease has been diagnosed in asbestos workers, family members, and residents who live close to asbestos mines or processing plants.
- Health effects from asbestos exposure may continue to progress even after exposure is stopped.
- Smoking or cigarette smoke, together with exposure to asbestos, greatly increases the likelihood of lung cancer.

Signs and Symptoms of asbestosis can include:

- Shortness of breath is the primary symptom
- A persistent and productive cough (a cough that expels mucus)

- Chest tightness
- Chest pain
- Loss of appetite
- A dry, crackling sound in the lungs while inhaling.

Persons with significant exposure to asbestos are at risk for developing various types of pleural (lining of the chest cavity, outside the lungs) abnormalities. These abnormalities include pleural plaques, pleural thickening, pleural calcification, and pleural mesothelioma.

Mesothelioma

Mesothelioma is a rare cancer, which may affect the lining of the chest cavity, outside the lung (pleura) or the abdominal contents (peritoneum). Most mesotheliomas are caused by exposure to asbestos.

Lung Cancer

Lung cancer is a malignant tumor that invades and obstructs the lung's air passages. Cigarette smoking greatly increases the likelihood of a person developing lung cancer as the result of asbestos exposure. The most common symptoms of lung cancer are cough, wheezing, unexplained weight loss, coughing up blood, and labored breathing. Other symptoms of lung cancer include shortness of breath, persistent chest pain, hoarseness, and anemia. People who develop these symptoms do not necessarily have lung cancer, but they should consult a physician for advice

If you would like to receive more information on mesothelioma, log on to this website: <http://www.asbestos.com/mesothelioma-packet.php> for a free packet of information and resources.

NIOSH Blog: Erionite: An Emerging North American Hazard David Weissman, MD, and Max Kiefer, MS, CIH

Erionite is a naturally occurring mineral that belongs to a group of silicate minerals called zeolites. It is usually found in volcanic ash that has been altered by weathering and ground water. Like naturally occurring asbestos, deposits are present in many Western states (see map). Erionite can occur in a fibrous form. Disturbance of this material can generate airborne fibers with physical properties and health effects similar to asbestos.

Erionite, a Hazardous Mineral
Deposits Found in These Locations



Until recently, erionite was not generally considered to be a potential hazard in North America, in part because relatively little risk for exposure was seen. However, evidence has slowly accumulated linking exposure to erionite with serious adverse health effects in North America, and suggesting that some workers may have a greater potential for exposure than previously recognized.

Little is known about exposures currently experienced by US workers. However, erionite-related disease has most often been reported in road construction and maintenance workers with potential occupational exposures to erionite-containing gravel used in road surfacing. Also, one case had worked in an erionite-containing gravel pit (but had also been a road worker).

Erionite fibers only pose a hazard if they are disturbed and become airborne, and control recommendations should focus on reducing the potential for exposure to airborne erionite fibers. A reasonable approach would be to take precautions such as those described in existing guidance for working with asbestos (Occupational Safety and Health Administration [OSHA] 29 CFR 1910.1001). Existing recommendations for working in areas with naturally occurring asbestos may be relevant to reducing outdoor occupational erionite exposures.

For more information about Erionite in specific areas of the state of Arizona go to : <http://blogs.cdc.gov/niosh-science-011/11/22/erionite/>



Workzone Safety in ...A Thousand Words



Accidents and Fatalities Investigated by ADOSH

July–September 2014

7/3/2014: A 69 year-old Truck Driver was loading a steel pipe, which measured 16" in diameter and 55' in length. While securing the pipe to the tractor's trailer, the pipe rolled off the trailer crushing the worker's leg and striking him in the head. The worker was transported to the hospital where he died as a result of the injuries.

7/11/2014: A 34 year-old Construction Laborer was standing on the ground while a forklift was lifting a rebar cage for placement. A 240 Lb. attachment for the forklift was displaced and fell approximately 30 feet striking the worker in the head and left leg causing fatal crushing injuries.

8/1/2014: A 27 year-old Electrician contacted energized electrical parts while replacing a light fixture ballast and was electrocuted.

8/10/2014: A 39 year-old Landscaper entered a water pond to retrieve a gas-operated golf cart and apparently drowned during the activity.

9/14/2014: Four Welding and Cutting Contractor employees, ages ranging from 18 to 52, were hospitalized for burn injuries when combustible dust exploded while they were performing "hot work" on a bucket elevator.



sure that employees are able to rescue themselves. (Also stated in 1910.66 App C Sec 1)

According to an OSHA Letter of Interpretation to Charles E. Hill August 14, 2000:

Prompt rescue, as required under §1926.502(d)(20), is not defined in the standard. The particular hazard that §1926.502(d)(20) addresses is being suspended by the fall arrest system after a fall. While an employee may be safely suspended in a body harness for a longer period than from a body belt, the word "prompt" requires that rescue be performed quickly -- in time to

prevent serious injury to the worker.

The "serious injury" alluded to in the LOI is "orthostatic intolerance" which can result in death within a very short time, even as little as 15 minutes if the worker is immobile for a sustained length of time.

A full assessment should be made of the employee's ability to implement a rescue plan when performing as a lone worker. Even though the worker may carry a cell phone or other communication device, if hanging unconscious or otherwise injured he/she may not be able to set in motion the rescue plan.

An OSHA Safety and Health Information Bulletin regarding the haz-

ards of Orthostatic Intolerance (updated in 2011) can be downloaded at:

<https://www.osha.gov/dts/shib/shib032404.html>

While there is no requirement for having a written rescue plan, it is recommended to ensure consistency and clarity for the workers on site. The plan should include procedures for:

- preventing prolonged suspension,
- identifying orthostatic intolerance signs and symptoms,
- and performing rescue and treatment as quickly as possible.

Before they go up...
Make sure they can get down!

Q. In 29CFR 1926.502 (d)(20) the standard states that we have to provide for a prompt rescue for employees suspended in a personal fall arrest system (harness.) Will a "trauma strap" meet the criteria for prompt rescue for our employees who work alone and rely on local fire departments for actual on-site response?

A.29CFR 1926.502(d)(20) States:
The employer shall provide for prompt rescue of employees in the event of a fall or shall as-



Trabajadores Temporales *by Luis Lopez, ADOSH IH Consultant*



Definición - Trabajadores temporales usualmente son contratados por agencias de empleo temporal para trabajar por tan poco como un solo día, o por varios años. La agencia contrata a los trabajadores y los proporciona a empleadores que necesiten mano de obra por medio de otro contrato. La agencia es un contratista intermediario entre el trabajador y el empleador. Durante el periodo de contrato con la agencia de empleo, el trabajador temporal puede estar asignado a un solo lugar de trabajo o a varios lugares, y a un solo o varios empleadores.

Contrato Informal en la Calle - Una variante de contrato laboral temporal es el contrato informal que ocurre cuando un individuo (empleador) contrata directamente a un trabajador que ofrece sus servicios en la calle o en un centro laboral. No importa si el individuo contratando directamente al trabajador es un dueño de casa o un pequeño contratista; la relación laboral de empleador-empleado se establece al instante de ser contratado.

Beneficios Limitados - En cualquier caso, sea agencia contratante o no, los trabajadores temporales no son considerados trabajadores permanentes por falta de contratos permanentes, y porque no les proveen todos los beneficios laborales como los que les dan a los trabajadores permanentes.

Misión de ADOSH: Proteger a los Trabajadores

Protecciones – ADOSH protege a los trabajadores temporales de que:

- Algunos empleadores contraten trabajadores temporales, por medio de agencia de empleo, como una forma de evitar el cumplimiento con todas sus obligaciones bajo las leyes de ADOSH u otras leyes de protección de los trabajadores
- Trabajadores temporales sean colocados en trabajos más peligrosos o dañinos a la salud
- Trabajadores temporales sean más vulnerables a los peligros de seguridad y salud, así como a la retaliación por parte de sus empleadores
- A los trabajadores temporales no se les de entrenamiento adecuado de seguridad y salud, ni explicaciones de sus derechos por parte



de la agencia reclutadora o el empleador

Derecho a Seguridad y Salud – El derecho a un lugar de trabajo seguro y saludable no se puede omitir, ni negar a ningún trabajador, ya sea temporal o permanente, y sin dar consideración

alguna a la condición migratoria del trabajador.

Responsabilidades en el Contrato Formal por Escrito

Para asegurarse de que siempre den protección a los trabajadores temporales, la División de Seguridad y Salud Ocupacional de Arizona (ADOSH) requiere que las agencias de empleos y los empleadores que contratan formalmente los servicios de estas agencias establezcan por escrito las responsabilidades de cada uno (respectivamente) en su contrato. Estas responsabilidades deben cumplir con las normas (estándares) de seguridad y salud de ADOSH. La inclusión de todas las condiciones laborales, i.e. análisis de riesgos y controles necesarios, en un contrato asegurará que tanto la agencia de empleos como el empleador cumplan con todos los requisitos regulatorios, y así evitar confusión sobre las obligaciones de cada uno. Por ejemplo, el contrato debe incluir entrenamiento en comunicación de peligros químicos y el registro de lesiones graves y enfermedades relacionadas con el trabajo. Una lista de las industrias parcialmente exentas del registro de lesiones y enfermedades, incluye los establecimientos de venta al detalle específico de bajo riesgo y los de las industrias de servicio, finanzas, seguro o bienes raíces, está disponible en www.osha.gov/recordkeeping/ppt/1/RK1exempttable.html (en inglés).

Excepción - En el caso del contrato en la calle por un empleador independiente, sea dueño de casa o pequeño contratista, la responsabilidad de cumplir con

las normas (estándares) de seguridad y salud de ADOSH son las mismas que las de cualquier otro empleador, y no hay requisitos de contrato formal o de establecer esa responsabilidad, en ningún contrato, ya que esta responsabilidad está muy clara en las normas (estándares) de seguridad y salud de ADOSH. Sin embargo, la responsabilidad de cumplir con las normas de ADOSH no se puede omitir, sin excepciones, en ningún caso.



Agencias y Empleadores Tienen Deberes Compartidos

Concepto Clave - La clave es comunicación entre la agencia y el empleador para asegurarse de que se proporcione la protección necesaria. Cada empleador debe considerar los peligros que puede prevenir y corregir, y cumplir con todos los estándares (normas) de ADOSH que correspondan a cada situación.

Tanto las agencias reclutadoras como los empleadores tienen deberes en el cumplimiento de requisitos de salud y seguridad en el sitio de trabajo. Ambos comparten la responsabilidad de asegurar la seguridad y salud de los trabajadores.

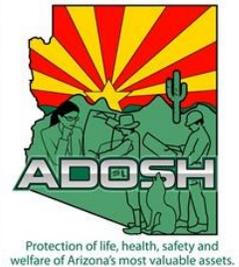
Por ejemplo, las agencias de empleos pueden proporcionar entrenamiento generalizado de seguridad y salud ocupacional, y los empleadores pueden proporcionar entrenamiento especializa-

THE ARIZONA DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

Back to Basics

Classes and Webinars on 29CFR 1926 Subpart M Fall Protection in Construction

Regular Schedule starts
December 2014 thru
September 2015
Check ezregister.com for
October schedule



Classes: First and Third Thursday* 9:00 AM —12:00 PM

Industrial Commission of Arizona Auditorium

800 W Washington St Phoenix, AZ 85007

Webinars: Third Wednesday* at 10:00 AM—12:00 PM

Training resources will be distributed (or mailed for webinar attendees) to help you train your own employees about fall protection in Commercial and Residential Construction!

* Check with ezregister as some dates are changed to accommodate holidays or venues.

Enroll at <https://ezregister.com/promoters/1607>



ADOSH Education and Training Calendar Jan– Mar 2015

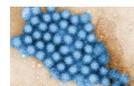
Registration for each class begins 30 days prior to the date of the class. Most classes are free of charge but are subject to change or cancellation with out notice. Some classes or seminars listed are not exclusively sponsored by ADOSH and may carry a nominal fee to cover the costs of course materials, space or equipment rental, etc. **NOTE: The phone number or web address listed for each class is the number that participants need to call for class questions and are not direct numbers to the ADOSH trainer. Please register on-line at www.ezregister.com/promoters/1607 Registration Problems? Call 602-542-1769**

January 2015 On-line Registration Required

1/6/2015	9:00 - 12:00	OSHA Recordkeeping and Reporting	2675 E Broadway Blvd	Tucson	Ornelas	520-320-5478	S. Sinohui
1/8/2015	9:00 - 12:00	Fall Protection in Construction	800 W Washington St (2nd Floor)	Phoenix	Mandeville	602-542-1769	C. Trujillo
1/8/2015	9:00 - 12:00	Fall Protection in Construction	2675 E Broadway Blvd	Tucson	J Atencio	520-628-5478	S. Sinohui
1/14/2015	8:30 - 11:30	Forklift Train-the-Trainer	1450 N Hohokum Drive	Nogales	Ornelas	520-628-5478	S. Sinohui
1/14/2015	9:00 - 10:30	Fall Protection in Construction (Webinar)	WEBINAR ONLY	Tucson	J Atencio	602-542-1769	C. Trujillo
1/15/2015	9:00 - 12:00	Respiratory Protection Programs	2675 E Broadway Blvd	Tucson	Coleman	520-628-5478	S. Sinohui
1/16/2015	9:00 - 12:00	Recordkeeping and Reporting: OSHA 300 Basics	800 W Washington St	Phoenix	Mandeville	602-542-1769	C. Trujillo
1/20/2015	9:00 - 12:00	Safety Training Topic TBA Check (EZRegister.com)	Call for Location	Douglas	Ornelas	520-628-5478	S. Sinohui
1/22/2015	9:00 - 12:00	Fall Protection in Construction	800 W Washington St (2nd Floor)	Phoenix	Mandeville	602-542-1769	C. Trujillo
1/22/2015	9:00 - 12:00	Construction Site Hazards & Fall Pro in Construction	2675 E Broadway Blvd	Tucson	Ornelas/ Atencio	520-628-5478	S. Sinohui
1/28/2015	9:00 - 12:00	Emerging Diseases/Planning for Pandemics	800 W Washington St	Phoenix	Mandeville	602-542-1769	C. Trujillo
1/29/2015	9:00 - 12:00	Fall Protection Awareness in General Industry	2675 E Broadway Blvd	Tucson	Coleman	520-628-5478	S. Sinohui

February 2015 On-line Registration Required

2/3/2015	1:00 - 4:00	OSHA 300 Recordkeeping and Reporting	2951 S 21st Dr (Main Library)	Yuma	Mandeville	928--373-1138	D Robinson
2/3/2015	9:00 - 12:00	Lockout Tagout Programs	2675 E Broadway Blvd	Tucson	Ornelas	520-628-5478	S. Sinohui
2/4/2015	9:00 - 12:00	Bloodborne Pathogens / Emerging Diseases	2951 S 21st Dr (Main Library)	Yuma	Mandeville	928-373-1138	D Robinson
2/4/2015	9:00 - 12:00	Machine Guarding Requirements	2675 E Broadway Blvd	Tucson	Ornelas	520-628-5478	S. Sinohui
2/5/2015	9:00 - 12:00	Bloodborne Pathogens Safety Awareness	2675 E Broadway Blvd	Tucson	Coleman	520-628-5478	S. Sinohui
2/5/2015	9:00 - 12:00	Fall Protection in Construction	800 W Washington St	Phoenix	Mandeville	602-542-1769	C. Trujillo
2/5/2015	9:00 - 12:00	Fall Protection in Construction	2675 E Broadway Blvd	Tucson	J Atencio	520-628-5478	S. Sinohui
2/10/2015	9:00 - 12:00	Forklift Train-the-Trainer	500 S Central, Building "D"	Florence	Ornelas	520-628-5478	S. Sinohui
2/12/2015	8:00 - 12:00	Forklift Train-the-Trainer	3030 N 3rd St (Copperpoint)	Phoenix	Mandeville	602-542-1769	C. Trujillo
2/13/2015	9:00 - 12:00	Accident Investigation	800 W Washington St (2nd Floor)	Phoenix	Mandeville	602-542-1769	C. Trujillo
2/17/2015	9:00 - 12:00	Scaffold Safety Awareness	800 W Washington St.	Phoenix	Stowell	602-542-1769	C. Trujillo
2/17/2015	9:00 - 12:00	Slips, Trips and Falls Prevention	2675 E Broadway Blvd	Tucson	Ornelas	520-628-5478	S. Sinohui
2/18/2015	9:00 - 10:30	Fall Protection in Construction (Webinar)	WEBINAR ONLY	Tucson	J Atencio	602-542-1769	C. Trujillo
2/18/2015	11:00—12:00	Whistleblower Protection (Webinar)	WEBINAR ONLY	Phoenix	Rucker	602-542-1769	C. Trujillo
2/19/2015	9:00 - 12:00	Confined Spaces Safety Awareness	2675 E Broadway Blvd	Tucson	Coleman	520-628-5478	S. Sinohui
2/19/2015	9:00 - 12:00	Fall Protection in Construction	800 W Washington St	Phoenix	Mandeville	602-542-1769	C. Trujillo
2/19/2015	9:00 - 12:00	Fall Protection in Construction	2675 E Broadway Blvd	Tucson	J Atencio	520-628-5478	S. Sinohui
2/24/2015	9:00 - 12:00	Accident Investigation	2675 E Broadway Blvd	Tucson	Ornelas	520-628-5478	S. Sinohui
2/24/2015	9:00 - 12:00	Asbestos Hazard Awareness	800 W Washington St (2nd Floor)	Phoenix	Greg Beck	602-542-1769	C. Trujillo
2/25/2015	9:00 - 12:00	Killer Fatigue: Sleep and Safety	800 W Washington St	Phoenix	Mandeville	602-542-1769	C. Trujillo
2/25/2015	9:00 - 12:00	Electrical Safety Awareness	2675 E Broadway Blvd	Tucson	Ornelas	520-628-5478	S. Sinohui
2/27/2015	9:00 - 12:00	Medical Office #3: Office Safety Audits (Webinar)	WEBINAR ONLY	Phoenix	Mandeville	602-542-1769	C. Trujillo



March 2015 On-line Registration Required

3/3/2015	9:00 - 12:00	Bloodborne Pathogens/Emerging Disease	2675 E Broadway Blvd	Tucson	Ornelas	520-628-5478	S. Sinohui
3/4/2015	9:00 - 12:00	Confined Space Safety Awareness	2675 E Broadway Blvd	Tucson	Ornelas	520-628-5478	S. Sinohui
3/4/2015	9:00 - 12:00	Hazard Communication/GHS	800 W Washington St	Phoenix	Mandeville	602-542-1769	C. Trujillo
3/5/2015	9:00 - 12:00	Fall Protection in Construction	800 W Washington St	Phoenix	Mandeville	602-542-1769	C. Trujillo
3/5/2015	9:00 - 12:00	Fall Protection in Construction	2675 E Broadway Blvd	Tucson	J Atencio	520-628-5478	S. Sinohui
3/10/2015	9:00 - 12:00	Supervisor Training: Assessing Workers for Safety	Public Safety Bldg 199 S 6th St. Public Safety Bldg 199 S 6th St	Cottonwood	Mandeville	602-542-1769	C. Trujillo
3/12/2015	9:00 - 12:00	Supervisor Training: Assessing Workers for Safety	800 W Washington St	Phoenix	Mandeville	602-542-1769	C. Trujillo
3/18/2015	9:00 - 10:30	Fall Protection in Construction (Webinar)	WEBINAR ONLY	Tucson	J Atencio	602-542-1769	C. Trujillo
3/19/3015	9:00 - 12:00	Fall Protection in Construction	800 W Washington St	Phoenix	Mandeville	602-542-1769	C. Trujillo
3/19/2015	9:00 - 12:00	Fall Protection in Construction	2675 E Broadway Blvd	Tucson	J Atencio	520-628-5478	S. Sinohui
3/24/2015	9:00 - 12:00	Hazard Communication/GHS	2675 E Broadway Blvd	Tucson	Ornelas	520-628-5478	S. Sinohui
3/25/2015	9:00 - 12:00	Forklift Train-the-Trainer	2675 E Broadway Blvd	Tucson	Ornelas	520-628-5478	S. Sinohui
3/26/2015	9:00 - 12:00	Excavation/Trenching Safety Awareness	2675 E Broadway Blvd	Tucson	Coleman	520-628-5478	S. Sinohui
3/31/2015	10:00 - 11:30	Asbestos Hazard Awareness (Webinar)	WEBINAR ONLY	Phoenix	Beck	602-542-1769	C Trujillo

Can you identify the viruses pictured throughout the issue? List the answers here and check them with the key on page 13!

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____
7. _____ 8. _____ 9. _____
10. _____

Recordkeeping Requirements Class: This course is designed for the new OSHA Recordkeeper or a Recordkeeper who needs refreshing. The new OSHA Recordkeeping and Reporting Requirements will be included during this instruction.

The Recordkeeping Workshop is a hands- on workshop with YOUR records. Bring YOUR Company's:

- >Report(s) of Injury (OSHA 101 or 301), 300 Log, and 300A Form;
- >The average number of employees, (including part-time or seasonal workers);
- >And the total hours those employees worked during 2014 .

7.



Even if your 300 and 300 A are blank, bring them and we will take you from start to finish; calculate your DART Rate and compare your company to the National BLS Rates. Don't have the blank logs? We do! So bring your injury reports & the data listed above. Let's git'er done!

Register online at www.ezregister.com/promoters/1607

NOTES: EZRegister Instructions: Just type in www.ezregister.com/promoters/1607 in your URL address bar and enter. All of ADOSH's classes will be listed and you can click on the class you want to attend. Fill in the form and save it to your calendar! Simple and time-saving. If there are any changes we will let you know. Webinars are scheduled and when you sign up for the class, a return email will include materials for the class and log-on information. Please register early for training classes and leave contact information. Some classrooms may be limited in size and will require us to limit enrollment. If there are not enough enrolled for the class (10 or more) or if there is an unexpected emergency or illness, the class may be cancelled. While ADOSH tries to contact each student in the event of a cancellation, we encourage you to call the day before the class to confirm that the class will still be held as scheduled. **Call the number listed on the roster.**

Finally, please be courteous during cold and flu seasons and do not attend the class if you are suffering symptoms of illness. Viruses are highly contagious and we want to keep all students and instructors healthy during all times of the year. *See you in class!*



do y enfocado en los peligros específicos del sitio de trabajo.

Responsabilidades Compartidas

- Aunque las responsabilidades bajo la ley de ADOSH para las agencias reclutadoras y los empleadores depende de lo especificado en el contrato formal de cada caso, las agencias reclutadoras y los empleadores son conjuntamente responsables de mantener un ambiente de trabajo seguro y saludable para los trabajadores temporales.
- Las agencias reclutadoras y los empleadores comparten el control sobre el trabajador, y por lo tanto son conjuntamente responsables de la seguridad y salud del trabajador temporal.

- ADOSH puede responsabilizar a ambos, la agencia reclutadora y los empleadores por las condiciones que causaron una infracción de las normas, lo cual puede incluir la falta de entrenamiento adecuado en relación con los peligros del lugar de trabajo.

Las Agencias Reclutadoras

- Tienen el deber de investigar las condiciones de seguridad y salud de los lugares de trabajo a donde sus trabajadores son asignados. Tienen que asegurarse de que están mandando a los trabajadores a un lugar de trabajo seguro y saludable.
- No tienen que convertirse en expertos de peligros específicos de un lugar de trabajo, pero deben determinar qué condiciones existen en los lugares de trabajo finales, qué peligros se puede encontrar,

y la mejor forma de asegurar la protección de los empleados temporales. La ignorancia de los peligros no es una excusa.

- Tienen el deber de investigar y verificar que el empleador ha cumplido con sus responsabilidades de proporcionar un lugar de trabajo

seguro y saludable.

Los Empleadores

Tienen que tratar a los trabajadores temporales como a cualquier otro trabajador en términos de entrenamiento y protección de seguridad y salud.

Para más información o para recibir entrenamiento en su lugar

de trabajo sobre “Trabajadores Temporales”, por favor comuníquese con el departamento de Consultoría de ADOSH, al 605-542-1769 en Phoenix o 520-628-5478 en Tucson.

←
https://www.osha.gov/temp_workers/index_sp.html



8.

FYI: CDC Health Alert Network Flu Vaccine Effectiveness

Influenza activity is currently low in the United States as a whole, but is increasing in some parts of the country. This season, influenza A (H3N2) viruses have been reported most frequently and have been detected in almost all states.

During past seasons when influenza A (H3N2) viruses have predominated, higher overall and age-specific hospitalization rates and more mortality have been observed, especially among older people, very young children, and persons with certain chronic medical conditions compared with seasons during which influenza A (H1N1) or influenza B viruses have predominated.

Influenza viral characterization data indicates that 48% of the influenza A (H3N2) viruses col-

lected and analyzed in the United States were antigenically "like" the 2014-2015 influenza A (H3N2) vaccine component, but that 52% were antigenically different (drifted) from the H3N2 vaccine virus. In past seasons during which predominant circulating influenza viruses have been antigenically drifted, decreased vaccine effectiveness has been observed. However, vaccination has been found to provide some protection against drifted viruses. Though reduced, this cross-protection might reduce the likelihood of severe outcomes such as hospitalization and death. In addition, vaccination will offer protection against circulating influenza strains that have not undergone significant antigenic drift from the vaccine viruses (such as influenza A (H1N1) and B viruses).

Because of the detection of these drifted influenza A (H3N2) viruses,

this CDC Health Advisory is being issued to re-emphasize the importance of the use of neuraminidase inhibitor antiviral medications when indicated for treatment and prevention of influenza, as an adjunct to vaccination.

Antiviral treatment with oseltamivir or zanamivir is recommended as early as possible for any patient with confirmed or suspected influenza who is hospitalized; has severe, complicated, or progressive illness; or is at higher risk for influenza complications. This list includes:

- children aged younger than 2 years;
- adults aged 65 years and older;
- persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic,

hematological (including sickle cell disease), and metabolic disorders (including diabetes mellitus), or neurologic and neurodevelopment conditions

- persons with immunosuppression, including that caused by medications or by HIV infection;
- women who are pregnant or postpartum (within 2 weeks after delivery);
- persons aged younger than 19 years who are receiving long-term aspirin therapy;
- American Indians/Alaska Natives;
- persons who are morbidly obese (i.e., body-mass index is equal to or greater than 40); and
- residents of nursing homes and other chronic-care facilities.

Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza.

For full text go to:
<http://emergency.cdc.gov/han/han00374.asp>

Excerpt from CDCHAN-00374 12/3/2014



Going Viral (Continued from page 1)

HPAI) that refer to their ability to cause severe disease, based upon molecular characteristics of the virus and mortality in birds under experimental conditions.

There are genetic and antigenic differences between the influenza A virus subtypes that typically infect only birds and those that can infect birds and people.

Three prominent subtypes of avian influenza A viruses that are known to infect both birds and people are:

- Influenza A H5: Nine potential subtypes of H5 viruses are known (H5N1, H5N2, H5N3, H5N4, H5N5, H5N6, H5N7, H5N8, and H5N9). Most H5 viruses identified worldwide in wild birds and poultry are LPAI viruses. Sporadic H5 virus infection of humans, such as with highly pathogenic avian influenza A (H5N1) viruses currently circulating among poultry in Asia and the Middle East have been reported in 15 countries, often resulting in severe pneumonia with an approximate **60% mortality rate, worldwide**.
- Influenza A H7: Nine potential subtypes of H7 viruses are known (H7N1, H7N2, H7N3, H7N4, H7N5, H7N6, H7N7, H7N8, and H7N9). Most H7 viruses identified worldwide in wild birds and poultry are LPAI viruses. H7 virus infection in humans is uncommon, but has been documented in persons who have direct contact with infected birds, especially during outbreaks of H7 virus among poultry. Illness in humans may include conjunctivitis and/or upper respiratory tract symptoms. In humans, LPAI (H7N2, H7N3, H7N7) virus infections have caused mild to moderate illness. HPAI (H7N3, H7N7) virus infections have caused mild to severe and fatal illness. *Note: On April 1, 2013, the first known human cases of infection with avian influenza H7N9 viruses were reported. These were associated with severe respiratory illness and death. (20% mortality)*
- Influenza A H9: Nine potential subtypes of H9 are known (H9N1, H9N2, H9N3, H9N4, H9N5, H9N6, H9N7, H9N8, and H9N9); all

H9 viruses identified worldwide in wild birds and poultry are LPAI viruses. H9N2 virus has been detected in bird populations in Asia, Europe, the Middle East and Africa. Rare, sporadic H9N2 virus infections of humans have been reported to cause generally mild upper respiratory tract illness.

<http://www.cdc.gov/flu/avianflu/influenza-a-virus-subtypes.htm>

According to the CDC, the 2014-2015 flu season could be severe. "It's too early to say for sure that this will be a severe flu season, but Americans should be prepared," said CDC director Tom Frieden, M.D., M.P.H. **"We can save lives with a three-pronged effort to fight the flu: vaccination, prompt treatment for people at high risk of complications, and preventive health measures, such as staying home when you're sick, to reduce flu spread."**

Why are there so many viruses circulating? What happens with viruses to make them unpredictable? CDC experts explain that Influenza viruses are constantly changing, and can change in two different ways.

One way they change is called "antigenic drift." These are small changes in the genes of influenza viruses that happen continually over time as the virus replicates. These small genetic changes usually produce viruses that are pretty closely related to one another. Viruses that are closely related to each other usually share the same antigenic properties and an immune system exposed to a similar virus will usually recognize it and respond. (This is sometimes called cross-protection.) But these small genetic changes can accumulate over time and result in viruses that are antigenically different. When this happens, the body's immune system may not recognize those viruses.

This process works as follows: a person infected with a particular flu virus develops antibody against that virus. As antigenic changes accumulate, the antibodies created against the older viruses no longer recognize the "newer" virus, and the person can get sick again. Genetic changes that result in a

virus with different antigenic properties is the main reason why people can get the flu more than one time. This is also why the flu vaccine composition must be reviewed each year, and updated as needed to keep up with evolving viruses.

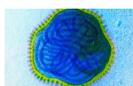
The other type of change is called "antigenic shift." Antigenic shift is an abrupt, major change in the influenza A viruses, resulting in new hemagglutinin and/or new hemagglutinin and neuraminidase proteins in influenza viruses that infect humans. Shift results in a new influenza A subtype that has emerged from an animal population that is so different from the same subtype in humans that most people do not have immunity to the new (e.g. novel) virus. Such a "shift" occurred in the spring of 2009, when an H1N1 virus with a new combination of genes emerged to infect people and quickly spread, causing a pandemic. When shift happens, most people have little or no protection against the new virus.

While influenza viruses are changing by antigenic **drift** all the time, antigenic **shift** happens only occasionally. Type A viruses undergo both kinds of changes; influenza type B viruses change only by the more gradual process of antigenic drift. (<http://www.cdc.gov/flu/professionals/laboratory/antigenic.htm>)

This continual drifting and shifting requires constant monitoring to detect and contain an emerging disease that could cause a pandemic.

With Ebola (*from the Filoviridae family of viruses*) in the spotlight we can see the alarm that has been raised by a virus with a potential for a 60—70% mortality rate. Since there are more highly pathogenic (30-60% mortality rate) viruses on the horizon awaiting a final shift, we need to prepare for the possibility of a pandemic. To bring this in focus it may help to point out that the 1918 pandemic had a 16% mortality rate and caused an estimated 100,000,000 deaths worldwide. We owe it to each other to be proactive rather than reactive; to take measures to protect our lives, our businesses and our future.

Visit www.osha.gov and www.cdc.gov for preparedness information. To monitor flu activity visit www.flu.gov.



Virus Watch Resources



Ebola Updates: World Health Org Case Count 12/13/14
<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html>

- Without additional interventions or changes in community behavior, CDC estimates that by January 20, 2015, there will be a total of approximately 550,000 Ebola cases in Liberia and Sierra Leone or 1.4 million if corrections for underreporting are made.
- Cases in Liberia are currently doubling every 15-20 days, and those in Sierra Leone and Guinea are doubling every 30-40 days.

Halting the epidemic requires that approximately 70% of Ebola cases be cared for in Ebola Treatment Units or, if they are at capacity, at home or in a community setting in which there is a reduced risk of disease transmission and safe burials are provided.

Countries with Widespread Transmission

Country	Total Cases	Laboratory-Confirmed Cases	Total Deaths
Guinea	2394	2115	1518
Liberia	7797	2946	3290
Sierra Leone	8273	6638	2033
Total	18464	11699	6841

Countries with an Initial Case or Cases and/or Localized Transmission

Country	Total Cases	Laboratory-Confirmed Cases	Total Deaths
United States	4	4	1
Mali	8	7	6
Total	12	11	7

Previously Affected Countries

Country	Total Cases	Laboratory-Confirmed Cases	Total Deaths
Nigeria ²	20	19	8
Senegal ²	1	1	0
Spain ²	1	1	0
Total	22	21	8

There are many resources on www.cdc.gov, www.flu.gov and through the World Health Organization at <http://www.who.int/en/>. For a weekly report on flu activity you can get current case counts on influenza and pneumonia at <http://www.cdc.gov/flu/weekly/> (Lower left) shows a page from flu.gov about planning for flu in many locations including your business, school government and community.

Ebola

U.S. Hospital Readiness as of

DEC
2014

- Number of hospitals ready to treat a patient with Ebola**

35
- Number of hospitals assessed by CDC Rapid Ebola Preparedness teams**

More than **50** facilities visited in 15 states and D.C.
- Percentage of travelers returning from countries affected by Ebola who reside within 200 miles of a U.S. Ebola treatment center**

83%
- Number of healthcare workers who have received Ebola training**

150,000 via webinars

525,000 via online clinical resources
- Number of state and local laboratories able to diagnose Ebola**

42

FLU.GOV

Know what to do about the flu.

Home > Planning & Preparedness > Business Planning

Planning & Preparedness

Business Planning

Community Planning

School Planning

Transportation Planning

Health Professionals

State & Local Government

Federal Government

Business Planning

Seasonal Flu

Each flu season, nearly 111 million workdays are lost due to the flu. That equals approximately \$7 billion per year in sick days and lost productivity.¹ Through education and planning, you can help protect your employees from the seasonal flu.

Seasonal Flu Information for Businesses and Employees (Centers for Disease Control and Prevention (CDC))

Business/Employers Influenza Toolkit (Podcast – 5:10) (CDC)

Pandemic Flu

In a pandemic, employers play a key role in protecting employees' health and safety. Organizations can limit any negative impact on the economy and society as well. Companies that provide critical infrastructure services, such as power and telecommunications, must also plan to continue operations in a crisis. As with any emergency situation, having a contingency plan is essential.

Guidance for Employers

- [Guidance on Preparing Workplaces for an Influenza Pandemic](#) (Occupational Safety & Health Administration (OSHA))
- [Business Pandemic Influenza Planning Checklist](#) (PDF – 151 KB)
- [Lista de Preparacion en Empresas para una Pandemia de Gripe](#) (PDF – 276 KB)
- [Pandemic Preparedness Planning for US Businesses with Overseas Operations](#) (PDF – 3.03 MB)
- [Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States](#) (PDF – 718 KB) (CDC)
- [Interim Guidance on Environmental Management of Pandemic Influenza Virus](#)

Free Training Materials!



VPP and SHARP News

(Below) Congratulations to Weyerhaeuser Phoenix Distribution Center for their 4th SHARP Recertification last June! This recertification shows an unwavering commitment to safety by both employees and management! The Team strives earn their customers' business every day with the right mix of people, products and performance.



Taking time for safety...
It's better to lose one minute in life than to lose your life in a minute.



Sun Valley Hand Surgery Ltd achieves SHARP Recertification in June 2014 - Congratulations!

Sun Valley Hand Surgery has two locations in the Valley where they specialize in hand and upper extremity reconstructive surgery. Dr. Douglas Bobb and his staff of dedicated health professionals strive to provide patients with comprehensive, high-quality orthopedics services delivered with excellence, effectiveness, courtesy and efficiency. Their primary goal is to provide each patient with quality medical evaluation, diagnosis and treatment.

Are you wondering if your company has what it takes to qualify for SHARP or VPP Status? Consultation Supervisor Babak Emami can advise all interested companies wanting to know what they need to do to get ready for SHARP or VPP!

If you are your company's lone Safety Officer or you have an organized safety committee, schedule a VPP planning meeting with Babak Emami and ask all the questions you have about the process. ADOSH is seeking to honor companies with exemplary safety programs. You don't have to be perfect, just working toward providing your employees with a safe workplace with management commitment and employee involvement, hazard recognition and control, and safety training. We can help identify areas that need improvement and help you achieve your safety goals.



Safety and Health Achievement Recognition Program (**SHARP**) recognizes **small business** employers who operate an exemplary injury and illness prevention program. The Voluntary Protection Program (**VPP**) generally recognizes **larger businesses** who demonstrate exemplary achievement in the prevention and control of safety and health hazards and the development, implementation and continuous improvement of their safety and health management system (SHMS.) OSHA has developed an excellent eTool that we highly recommend to help you evaluate your company's SHMS, found at: <https://www.osha.gov/SLTC/etools/safetyhealth/index.html> An effective Safety and Health Program is reflected in the company's lower injury and illness rates, reduced absenteeism, lower turnover, higher productivity, and improved employee morale. CPRW's Strengthening Jobsite Safety Climate is another assessment tool you can add to your toolbox.!

ADOSH Out and About: Mexican General Consulate Outreach Event



(Above) Luis Lopez, ADOSH Consultant, participated in the Mexican General Consulate's outreach event ("Consulado Movil"), which took place in Snowflake, AZ on Saturday, November 22, 2014. Luis informed the crowd about the availability of ADOSH's services for the Mexican community of Arizona, including safety training and training materials in the Spanish language. Photo is Luis explaining the contents of the booklet "Todo Sobre la OSHA" (All About OSHA).



(Center) ADOSH Assistant Director Jessie Atencio and ADOSH Industrial Hygiene Consultant Luis Lopez pose for a photo with Felix Herrera, Chief of the Protection and Legal Affairs Department of the Mexican Consulate.

(Above) ADOSH Trainer Joe Ornelas presenting OSHA Rights and Responsibilities to attendees of the Mexican General Consulate's outreach event in Douglas, Arizona.

Are you holding an event and would like ADOSH to be represented there?
Contact Consultation Supervisor Babak Emami by phone at 602-542-1634 or e-mail at babak.emami@azdosh.gov and let us know! We have safety literature, training aids, written program templates, and many employer safety program aids. We're just waiting for your invitation!

Identify the Virus answers: 1. H1N1 2. H5N1 3. Ebola 4. H7N9 5. EV D68 6. Norovirus 7. Human Rhinovirus 8. Herpes Simplex 9. Measles 10. H3N2

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We're on the WEB!

<http://www.ica.state.az.us>



ADOSH ADVOCATE

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